2016 · 04 · 19 · 08 · 00068615

FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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2016 APR 19 AM 9: 20

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the lin	typing, type es.	12FE4M5	The state of the s
GOIALITITION	FOR SAFE	AND AF	FORD AB	BLE HEA	LITH CARE
<u>La caractera de la constanta </u>				<u> </u>	
ADDRESS (number and street)	1,6,4, W H	OSPITITIAL	ITY LA	HNE ISIUITI	TE IB
Check if different than previously	,				
reported. (ACC)	SAN BER	VIAIRIDITWIO		GA 92	408-
2. FEC IDENTIFICATION N	JMBER ▼	CITY A		STATE A	ZIP CODE A
Clo.o. 4.1.8.3.	92	3. IS THIS REPORT	NEW (N) OR	AMENDE (A).	:D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M	8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M	Here's
April 15 Quarterly Report (0	21)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M1	Emile France
July 15 Quarterly Report (C	(C) 12-Day PRE-Electio	(COMCA)	(12P) tion (12C)	General (12G)	Runoff (12R)
October 15 Quarterly Report (C	Report for t	ne: Conven	11001 (12C)	Special (12S)	
January 31 Year-End Report (Y	/E)E	Election on			in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Elect Report for t	KA	(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	, ,	election on	/ .D v o /		in the State of
5. Covering Period 0	1 01 20	16 throu	ıgh Ø.3	3,1.2	21.6
I certify that I have examined th	nis Report and to the be	est of my knowledge	and belief it is tru	e, correct and comp	plete.
Type or Print Name of Treasure	er <u>Debora</u>	ch R. Ha	gar	<u>. </u>	·
Signature of Treasurer	Deborals K	Hagar	D	ate <u>0,4</u>	0.5 2016
NOTE: Submission of false, erron	eous, or incomplete infor	Umation may subject the	e person signing th	nis Report to the pen	alties of 2 U.S.C. §437g.
Office Use				FE	EC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	<u> </u>	Page 2
Write or Type Committee Name	· 秦海安元 55	
COALITION FOR	SAFE AND AFFORDABLE	HEAUTH CARE
Report Covering the Period: From:	2.1 20:1.6 T	o: 0,3 3,1 2,0,1,6
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1,		3,40
(b) Cash on Hand at Beginning of Reporting Period	3.4.4.	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3a 4a /	3471
. Total Disbursements (from Line 31)		
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34.11	3.451.
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Debts and Obligations Owed BY the Committee (Itemize all on		
Schedule C and/or Schedule D)	5,0,0,0,0,0	
This committee has qualified as a multion	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

COALITION FOR SAF	E AND AFFORDABLE HE	ALTH CARE	
Report Covering the Period: From:	THE PERSON OF TH	02	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)			
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	in the state of th		
(b) Political Party Committees			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)			
Party Committees			
13. All Loans Received		<u>, , , , , , , , , , , , , , , , , , , </u>	
14. Loan Repayments Received15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)			
Political Committees			
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	S Company of the second control of the secon		
(b) Levin Funds (from Schedule H5)			
(c) Total Transfers (add 18(a) and 18(b))			
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶			
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶			

DETAILED SUMMARY PAGE of Disbursements

FEC Form_3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Total This Period	Calendar Year-to-Date
	(i) Federal Share	L. A. L. A. L. C. A. L. C. C. A. L. C.	
	(ii) Non-Federal Share		0
	(b) Other Federal Operating		
	Expenditures	0	-0-
	(c) Total Operating Expenditures	The state of the s	
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
23.	Committees	n	0
24.	Independent Expenditures		
	(use Schedule E)		
	(use Schedule F)		
26.	Loan Repayments Made		
27.			
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		·
	(3001 23 1 703)		hand had the day of the contract of the contra
	(d) Total Contribution Refunds	Santan Caraca Ca	
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
30.	Federal Election Activity (2 U.S.C. §431(20))	•	
- 1	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
•	(i) Federal Share	La come come come	
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds	O	0
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
·32.	Total Federal Disbursements	·	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
-	from Line 31)	a contract of the Contract of	1
		- And the state of	The state of the s

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-COLUMN A COLUMN B **Total This Period** penditures Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE C	(FEC	Form	3X)
LOANS			•

,	····
LOANS	Use separate schedule(s) PAGE 6 OF 6
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	the region
	Caldania Maria Car
COALITION FOR SAFE AND AFF	- BROABLE HEALTH CARE
LOAN SOURCE Full Name (Last, First, Middle Initial)	Primary
MARCO DERECAL R.	
Mailing Address	TE IR Y Other (specify) ▼
Mailing Address 164 W L-OSPITALITY HANE, SUIT SAN BERNARDINO CH 9	2408 ADVOCACY
SAN BERNARDINO CH 9 City State ZIP Cod	le
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period
15000 15000 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0.1.5.0.0.0.0.0
TERMS Date Incurred Date Due	Interest Rate Secured:
02/01/2008/06/30/2	0.1.6
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Programme Transport
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount programme and the second programme and
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Only State 211 Odds	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State 211 Sode	Outstanding:
	Comment of the state of the sta
SUBTOTALS This Period This Page (optional)	50000
TOTALS This Period (last page in this line only)	
Course outstanding halance only to LINE 2. Calculula D. far this Page 16	Cohodula D. corm forward to approximate the statement formation of the statement of the sta
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	to schedule b, carry forward to appropriate line of Summary.

FIGURE NAY, SUITE 210 ■ SAN BERNARDINO, CALIFORNIA 92408

Federal Electron Commission 999 E Street, NW Washinston, DC 20463



2016 APR 19 AM 5

RECEIVED FEC MAIL CENT

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMM The FEC added this page to the end of this filing to indice	
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt 4/19/16
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
M	4/19/16
(3/2015)	DATE PREPARED